

To whom it may concern,

I have tried to input report electronically but have had no success.

I did not want to be late in filing and decided to mail this out immediately.

I hope to have this resolved by next quarter report.

Thank you for your help with this matter.

Carlos Thillet

Treasurer

Peter Vivaldi for Congress

RECEIVED

2014 JUL 23 AM 9:04

FEC MAIL CENTER

FROM: INFO@DONOR

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

PETER VIVALDI FOR CONGRESS

Report Covering the Period:

From:

04 01 2014

To:

06 30 2014

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	5,466.00	33,952.00
(b) Total Contribution Refunds (from Line 20(d))	,	600.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	5,466.00	33,352.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	12,836.00	39,618.07
(b) Total Offsets to Operating Expenditures (from Line 14)	,	,
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	12,836.00	39,618.07
8. Cash on Hand at Close of Reporting Period (from Line 27)	1,583.93	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	,	,
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	,	,

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

PETER VIVALDI FOR CONGRESS

Report Covering the Period: From:

04' 01' 2014

To:

06' 30' 2014

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
Political Committees

(i) Itemized (use Schedule A).....

, *5,466.00* , *30,136.00*

(ii) Unitemized.....

, *0,000.00* , *3,816.00*

(iii) TOTAL of contributions
from individuals ▶

, *5,466.00* , *33,952.00*

(b) Political Party Committees.....

, , , , ,

(c) Other Political Committees
(such as PACs).....

, , , , ,

(d) The Candidate.....

, , , , ,

(e) TOTAL CONTRIBUTIONS
(other than loans)
(add Lines 11(a)(ii), (b), (c), and (d))..

, *5,466.00* , *33,952.00*

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES.....

, , , , ,

13. LOANS:

(a) Made or Guaranteed by the
Candidate.....

, *7,850.00* , *7,850.00*

(b) All Other Loans.....

, , , , ,

(c) TOTAL LOANS
(add Lines 13(a) and (b)).....

, *7,850.00* , *7,850.00*

14. OFFSETS TO OPERATING
EXPENDITURES
(Refunds, Rebates, etc.).....

, , , , ,

15. OTHER RECEIPTS
(Dividends, Interest, etc.).....

, , , , ,

16. TOTAL RECEIPTS (add Lines
11(e), 12, 13(c), 14, and 15)
(Carry Total to Line 24, page 4)..... ▶

, *13,316.00* , *41,802.00*

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	, 12,836.00	, 39,618.07
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	, , .	, , .
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	, , .	, , .
(b) Of All Other Loans	, , .	, , .
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	, , .	, , .
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	, , .	, 600.00
(b) Political Party Committees.....	, , .	, , .
(c) Other Political Committees (such as PACs)	, , .	, , .
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	, , .	, 600.00
21. OTHER DISBURSEMENTS	, , .	, , .
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	, 12,836.00	, 40,218.07

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	, 1,103.93
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	, 13,316.00
25. SUBTOTAL (add Line 23 and Line 24).....	, 14,419.93
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	, 12,836.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	, 1,583.93

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE OF	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Peter Vivaldi For Congress

A. Full Name (Last, First, Middle Initial) <i>Figueroa, Leopoldo</i>		Date of Receipt M M / D D / Y Y Y Y <i>04 22 2014</i>
Mailing Address <i>Zeus B-3 Monte Olimpo</i>		Amount of Each Receipt this Period <i>500.00</i>
City <i>Guaynabo</i>	State Zip Code <i>PR 00969</i>	
FEC ID number of contributing federal political committee. <i>C</i>		Amount of Each Receipt this Period <i>500.00</i>
Name of Employer <i>Self</i>	Occupation <i>Owner</i>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <i>500.00</i>	

B. Full Name (Last, First, Middle Initial) <i>Rodriguez, Josue</i>		Date of Receipt M M / D D / Y Y Y Y <i>04 01 2014</i>
Mailing Address <i>8 Blomfield Way</i>		Amount of Each Receipt this Period <i>250.00</i>
City <i>West Orange</i>	State Zip Code <i>N.J. 07052</i>	
FEC ID number of contributing federal political committee. <i>C</i>		Amount of Each Receipt this Period <i>250.00</i>
Name of Employer <i>SELF</i>	Occupation <i>PASTOR</i>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <i>250.00</i>	

C. Full Name (Last, First, Middle Initial) <i>Figueroa, Jose</i>		Date of Receipt M M / D D / Y Y Y Y <i>04 24 2014</i>
Mailing Address <i>12021 Blairemont Way</i>		Amount of Each Receipt this Period <i>275.00</i>
City <i>ORLANDO</i>	State Zip Code <i>FL 32825</i>	
FEC ID number of contributing federal political committee. <i>C</i>		Amount of Each Receipt this Period <i>275.00</i>
Name of Employer <i>SELF</i>	Occupation <i>REALTOR</i>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <i>275.00</i>	

SUBTOTAL of Receipts This Page (optional).....	
TOTAL This Period (last page this line number only).....	

1-800-438-8034

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE		OF
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Peter Vivaldi For Congress

Full Name (Last, First, Middle Initial) <i>Denitez Myrna</i>		Date of Receipt M M / D D / Y Y Y Y <i>04 28 2014</i>
Mailing Address <i>6713 Thornhill Circle</i>		Amount of Each Receipt this Period <i>700.00</i>
City <i>Windermere</i>	State Zip Code <i>FL 34786</i>	
FEC ID number of contributing federal political committee. <i>C</i>		Amount of Each Receipt this Period <i>700.00</i>
Name of Employer <i>Self</i>	Occupation <i>Sales</i>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <i>700.00</i>	

Full Name (Last, First, Middle Initial) <i>Plasencia, Rene'</i>		Date of Receipt M M / D D / Y Y Y Y <i>04 24 2014</i>
Mailing Address <i>1310 N. Chickasaw Trail</i>		Amount of Each Receipt this Period <i>200.00</i>
City <i>Orlando</i>	State Zip Code <i>FL 32825</i>	
FEC ID number of contributing federal political committee. <i>C</i>		Amount of Each Receipt this Period <i>200.00</i>
Name of Employer <i>SELF</i>	Occupation <i>Promoter</i>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <i>200.00</i>	

Full Name (Last, First, Middle Initial) <i>Thillet, Carlos A.</i>		Date of Receipt M M / D D / Y Y Y Y <i>04 24 2014</i>
Mailing Address <i>4037 Yeats Street</i>		Amount of Each Receipt this Period <i>200.00</i>
City <i>Orlando</i>	State Zip Code <i>FL 32828</i>	
FEC ID number of contributing federal political committee. <i>C</i>		Amount of Each Receipt this Period <i>300.00</i>
Name of Employer <i>NONE</i>	Occupation <i>Retired</i>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <i>300.00</i>	

SUBTOTAL of Receipts This Page (optional).....	
TOTAL This Period (last page this line number only).....	

1100001-10001-10001

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE		OF
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Peter Vivaldi For Congress

A. Full Name (Last, First, Middle Initial)
Behan, Kevin B.

Mailing Address
12724 Lakebrook Drive

City *Orlando* State *FL* Zip Code *32828*

FEC ID number of contributing federal political committee. *C*

Name of Employer *ORANGE County BCC* Occupation *Staffer*

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y
07 24 2014

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Fout, Jose A.

Mailing Address
6712 Thornhill Circle

City *Windermere* State *FL* Zip Code *34786*

FEC ID number of contributing federal political committee. *C*

Name of Employer *SELF* Occupation *M.D.*

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y
04 22 2014

Amount of Each Receipt this Period
375.00

C. Full Name (Last, First, Middle Initial)
Raymond, Andrew M.

Mailing Address
9418 Palm Tree Drive

City *Windermere* State *FL* Zip Code *34786*

FEC ID number of contributing federal political committee. *C*

Name of Employer *SELF* Occupation *Owner*

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y
04 28 2014

Amount of Each Receipt this Period
401.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)		PAGE		OF	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Peter Vivaldi For Congress

Full Name (Last, First, Middle Initial)
BERRIOS, MANNY

Mailing Address
11213 Green Heron Court

City
Orlando State
FL Zip Code
32825

FEC ID number of contributing federal political committee.
C

Name of Employer
Self Occupation
Owner

Receipt For:
 Primary General
 Other (specify)
Election Cycle-to-Date
1,000.00

Date of Receipt
M M / D D / Y Y Y Y
06 10 2014

Amount of Each Receipt this Period
1,000.00
In Kind Campaign Signs

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)
Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)
Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5,466.00

20090201 10:00:00 AM

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE OF	
	<input type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Peter Vivaldi For Congress

Full Name (Last, First, Middle Initial) A. Berrios, Manny		Date of Disbursement 06/10/2014
Mailing Address 11213 Green Heron Court		Amount of Each Disbursement this Period 100000
City Orlando	State FL	
Zip Code 32825		Category/ Type
Purpose of Disbursement In-Kind Campaign Signs		
Candidate Name Peter Vivaldi		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: 09	

Full Name (Last, First, Middle Initial) B. Engels, Jacob		Date of Disbursement 04/20/2014
Mailing Address 537 Loyola Cr. Unit 29203		Amount of Each Disbursement this Period 200.00
City Orlando	State FL	
Zip Code 32828		Category/ Type
Purpose of Disbursement Media Consulting		
Candidate Name Peter Vivaldi		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: 09	

Full Name (Last, First, Middle Initial) C. FLORIDA DEPT. OF STATE		Date of Disbursement 04/29/2014
Mailing Address R.A. Gray Building 500 S. Bronough St		Amount of Each Disbursement this Period 10440.00
City Tallahassee	State FL	
Zip Code 32399		Category/ Type
Purpose of Disbursement Qualifying Fee		
Candidate Name Peter Vivaldi		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: 09	

SUBTOTAL of Disbursements This Page (optional).....	\$	\$	\$
TOTAL This Period (last page this line number only).....	\$	\$	\$

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE OF	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Peter Vivaldi For Congress

A. Full Name (Last, First, Middle Initial) <i>Vivaldi, Peter A.</i>		Date of Disbursement M M / D D / Y Y Y Y <i>05 02 2014</i>
Mailing Address <i>6713 Thornhill Circle</i>		Amount of Each Disbursement this Period <i>71600</i>
City <i>Windermere</i>	State <i>FL</i>	
Zip Code <i>34786</i>		Category/ Type
Purpose of Disbursement <i>Reimbursement for Internet Service</i>		
Candidate Name <i>Peter Vivaldi</i>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <i>FL</i> District: <i>09</i>	

B. Full Name (Last, First, Middle Initial) <i>OCREC</i>		Date of Disbursement M M / D D / Y Y Y Y <i>06 10 2014</i>
Mailing Address <i>214 E. Oak Street</i>		Amount of Each Disbursement this Period <i>240.00</i>
City <i>Kissimmee</i>	State <i>FL</i>	
Zip Code <i>34741</i>		Category/ Type
Purpose of Disbursement <i>Event Sponsorship</i>		
Candidate Name <i>Peter Vivaldi</i>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <i>FL</i> District: <i>09</i>	

C. Full Name (Last, First, Middle Initial) <i>Osceola County Supervisor of Elections</i>		Date of Disbursement M M / D D / Y Y Y Y <i>06 19 2014</i>
Mailing Address <i>2509 E. Irlto Bronson Memorial Hwy</i>		Amount of Each Disbursement this Period <i>15.00</i>
City <i>Kissimmee</i>	State <i>FL</i>	
Zip Code <i>34744</i>		Category/ Type
Purpose of Disbursement <i>Absentee voter List</i>		
Candidate Name <i>Peter Vivaldi</i>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <i>FL</i> District: <i>09</i>	

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Peter Vivaldi For Congress

A. Full Name (Last, First, Middle Initial) *East Side Regional Hab Nod*

Mailing Address *376 N. Central Ave.*

City *Oviedo* State *FL* Zip Code *32765*

Purpose of Disbursement *Event Sponsorship*

Candidate Name *Peter Vivaldi* Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: *FL* District: *09*

Date of Disbursement: *06 23 2014*

Amount of Each Disbursement this Period: *225.00*

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only) *12,836.00*

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

FORM 1000-1 (08/2013)

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked 7/16/14
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>CNR</i> PREPARER	7/23/14 DATE PREPARED